

VIRGINIA RISK-CONTROL INSTITUTE

Application For Enrollment

To register: 1) Print form on your printer 2) When completed Fax or mail to Office of Workers' Compensation

I would like to apply for acceptance into the ___ Spring ___ Summer ___ Fall section of: (Year 2002)

___ **BUS 330: Regulatory Aspects of Safety & Risk-Control** (Fall 2002)

___ **BUS 334: Incident Investigation & Analysis** (Summer 2002)

___ **BUS 432: Insurance Law** (Spring 2002)

___ **BUS 491: Topics Seminar - Ergonomics** (Spring 2002)

___ **BUS 491: Topics Seminar – Benchmarking Best Practices** (Fall 2002)

___ **MGMT 427: Labor & Employment Relations Law** (Summer 2002)

Applicant's Name: _____

Job Title: _____ Work Phone: _____

Fax: _____ Email Address: _____

Agency: _____

Mail Address: _____

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Years of College: 1 2 3 4 5 5+

If you did not complete high school, do you have an earned high school equivalency diploma (GED)? ___ **Yes** ___ **No**

Number of employees in the agency or division for whom you are responsible? _____

Percentage of time spent involved with safety? _____%

Is your agency/institution insured by DHRM's Office of Workers' Compensation or the Division of Risk Management? ____ If so, in what program does your agency or division participate? _____

Briefly state how your agency/local government will benefit from this class: _____

I understand that I cannot miss any classes and that this is a college level class

requiring considerable personal study and project time.

Applicant's Signature _____ Date _____

I understand that the above named employee will be required to be away from work on eight (8) days during a six-month period. I will not interrupt class or in any way limit his/her attendance on these dates. If the employee fails to complete the course, I understand that my agency may be responsible for repayment of the tuition fee.

Supervisors Signature _____ Date _____

Mail to:

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VRCI Course Registration
Office of Workers' Compensation
101 N. 14th Street, 6th Floor
Richmond, VA 23219

FAX to: VRCI Course Registration @ 804-786-8840

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